

SENDER

ACTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

11-12-02

* 01-348

Kevin M. Walsh
 Irwin, Campbell & Tannenwald, P.C.
 1730 Rhode Island Avenue, N.W.
 Suite 200
 Washington, DC 20036-

Print Clearly **NOV 21 2002**
 B. Date of Delivery
 C. Signature **X** *Kevin M. Walsh* ☐ Agent ☐ Addressee
 D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

2. Article Number (Copy from service label)

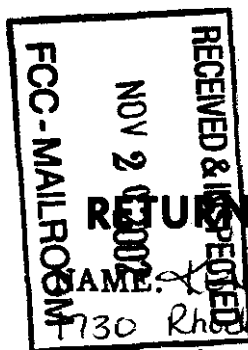
0023 0771 3266

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

DOCKET NO. 01-348



CERTIFIED

MAIL

RECEIPT

REQUESTED

C. R. R. NO.

NAME: **KEVIN M. WALSH**
 1730 Rhode Island Avenue, N.W.
 Suite 200
 Washington, DC 20036

BY

ORDER DATED 11-12-02
FCC 02M-102
MIMEOGRAPH NO.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$ 1.37
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.42

Postmark
NOV 20 2002
 HAMPTON/PK FIN UNIT
 CAPITAL HGTS
 MD-USPS-20791
 01-348

Name (Please Print Clearly) (to be completed by mailer)

KEVIN M. WALSH
 Street, Apt. No. or PO Box No.
1730 Rhode Island Avenue, N.W.
 City, State, ZIP+4
Washington, DC 20036

PS Form 3800, July 1999

See Reverse for Instructions